

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 6 1961

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR
TOWN St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

1323 North Sarah

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Dorothy

Middle

Last

Fisher

4. DATE

OF
DEATH

Month

8

Day

25

Year

61

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

2/16/1902

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Hollowrock, Tenn.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Harrison

13b. MOTHER'S MAIDEN NAME

Amanda Maffitt

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Address

Pauline Robinson

4108 Evans Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive Cardiovascular Disease with
Intractable FailureINTERVAL BETWEEN
ONSET AND DEATH

Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-17-61

4:45

to

8-25-61

and last saw her

8-25-61

Death occurred at

a.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sydney A. Mason, M. D.

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

8-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/30/61

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

Berkley, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. B. Daunce 1221 North Grand

25. DATE RECD. BY LOCAL REG.

AUG 30 1961

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Malvin Blackburn

Licensed Embalmer No.

3962

P. O. Address

1221 N. 3rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.